Submit 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New M. Energy, Minerals and Natural R

Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	Sa	nta Fe, New Mo	exico 87504-2088				
1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION							
I. Operator	10 184	INSPORT OIL	AND NATURAL GA	Nell A	Pi No		
Amoco Production Compa		3004523177					
Address							
1670 Broadway, P. O. E	Box 800, Denv	er, Colorad	o 80201				
Reason(s) for Filing (Check proper box) Other (Please explain)							
New Well Change in Transporter of:							
Recompletion							
[1 0 1			
Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155							
H. DESCRIPTION OF WELL						<u>, </u>	
Lease Name MUDGE LS	Well No.	Well No. Pool Name, Including Form				Lease No. SF078096	
Location	134	PLANTO (HEBRYENDE)		FEDEI		31078090	
Unit Letter	1620	Feet From The	L Line and 1080	Fee	et From The F	EL Line	
			(Alice and			LING	
Section 20 Township	,31N	Range ^{l 1W}	, NMPM,	SAN JU	JAN	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Ambarra of Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)							
CONOCO P. O. BOX 1429, BLOO					LD, NM	87413	
Name of Anthorized Transporter of Casinghead Gas [] or Dry Gas [X] Address (Give address to which approved copy of this form is to be sent)							
EL PASO NATURAL GAS COM			P. O. BOX 1492, 1			/8	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connected?	When	7		
If this production is commingled with that f	from any other lease or	pool, give commingl	ing order number:				
IV. COMPLETION DATA							
	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	ime Res'v Diff Res'v	
Designate Type of Completion			Total Depth	l l	,	L	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth		P.B.C.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubi 1g Depth		
in the same of the							
Perforations			To proceed the second s		Dept 1 Casing S	Shoe	
					l		
	TUBING, CASING AND C				SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		34	CK3 CEMENT	
						44.1 Market M. (1994) 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	
					l <u></u> .		
V. TEST DATA AND REQUEST FOR ALLOWABLE							
O11, WELL, (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this digit) or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)							
Pate 1 in a fiew on Roa 177 rank	Date of Test		, , , , , , , , , , , , , , , , , , , ,	7.0	,		
Length of Test	Tubing Pressure		Casing Pressure		Chole Size		
	· · · · · · · · · · · · · · · · · · ·				C. NCE		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF		
	1		l		1		
GAS WELL Actual Prod. Test - MCF/D	T1 1256 27 955		Bbls. Condensate/MMCF		Gravity of Con	dencie	
Actual Prod. Test - MCI/D	Length of Test		Bols. Condensate/NIVICP		Gravity of Cor	lociisate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	l·in)	Casing Pressure (Shut-in)		Chose Size		
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	1				
I hereby certify that the rules and regula	OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				. 100			
is the sint complete to the test of the knowledge situ order.			Date Approve	Date ApprovedMAY_0.3_1000			
4. L. Hamoton				(المنداة	cl	/	
Signature							
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name			SUI SUI	PERVISI	ON DISTRI	CT#3	
Janaury 16, 1989 303-830-5025			Title				
Date	Tel	ephone No.					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.